## CITY OF JACKSON 2016 SPOTLIGHT TOUR: HOMELESSNESS IN THE CAPITAL CITY PARTICIPATION FORM

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## SUBMIT FORM BY WEDNESDAY, MARCH 23, 2016

Tour Option:	$\Box$ Morning 9:00-10:30 a.m. $\Box$ Afternoon 1:00-2:30 p.m. $\Box$ No Preference
Organization:	$\square$ Non-Profit $\square$ Church $\square$ School $\square$ Not with an organization
Number of tourist	s: $\square$ One $\square$ Two
Contact Informa Name:	tion:
Address:	
City, State:	Zip/Postal Code:
Email:	Telephone Number:
Second Tourist:	(IF APPLICABLE)
Name:	
Special Accommodations: ☐ Yes ☐ No (If yes, please specify below)	



